Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

| <u>A</u> F | or the | e 2018 calendar year, or tax year beginning $$ JUL 1 , 2018 and | ending u | <u>JUN 30, 2019</u> | | | |
|---------------|---------------------------|---|---|--|-------------------------------|--|--|
| | heck if pplicable | C Name of organization | | D Employer identifi | cation number | | |
| | Addre | e FIRELIGHT FOUNDATION | | | | | |
| | Name | Doing business as | | 27-2 | 795006 | | |
| | Initial return | , | Room/suite | | | | |
| | Final return termir | | | 831-429-8750 | | | |
| | termir ated Amen | | | G Gross receipts \$ | 6,301,934. | | |
| | _ return □Applio | SANIA CRUZ, CA 95000 | | H(a) Is this a group re | | | |
| | tion pendi | SAME AS C ABOVE | | for subordinates H(b) Are all subordinates in | — | | |
| | ax-ex | empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$ | or 52 | | list. (see instructions) | | |
| | | te: WWW.FIRELIGHTFOUNDATION.ORG | <u>. </u> | H(c) Group exemption | | | |
| | | f organization: X Corporation Trust Association Other | L Year | | M State of legal domicile; CA | | |
| Pa | _ | Summary | | | | | |
| ø. | 1 | Briefly describe the organization's mission or most significant activities: $\begin{tabular}{ll} \hline FUND \\ \hline \end{tabular}$ | | | | | |
| Governance | | AFRICAN COMMUNITY-BASED ORGANIZATIONS THA | | | | | |
| ern | l | Check this box if the organization discontinued its operations or dispose | | | · _ | | |
| Š | I | | | 3 | 6 | | |
| | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 10 | | |
| Activities & | | Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) | | | 14 | | |
| ξi | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | |
| ĕ | | Net unrelated business taxable income from Form 990-T, line 38 | | | 0. | | |
| | | , | | Prior Year | Current Year | | |
| O) | 8 | Contributions and grants (Part VIII, line 1h) | | 5,641,023. | 4,617,785. | | |
| eun | 9 | Program service revenue (Part VIII, line 2g) | | 223,429. | 126,212. | | |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 305,992. | 323,319. | | |
| | I | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 73,594. | 2,229. | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 6,244,038. 1,878,196. | 5,069,545. 1,528,171. | | |
| | l | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 1,320,1/1. | | |
| | 45 | Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,086,423. | 853,193. | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | |
| beu | b | Total fundraising expenses (Part IX, column (D), line 25) | | | | | |
| Щ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,942,538. | 2,010,348. | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 4,907,157. | 4,391,712. | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 1,336,881. | 677,833. | | |
| Net Assets or | | | В | eginning of Current Year | End of Year | | |
| Ssets | 20 | Total assets (Part X, line 16) | | 7,234,265. | 7,684,459. | | |
| et A | 21 | Total liabilities (Part X, line 26) | | 190,343. | 150,821. | | |
| | 22 art II | Net assets or fund balances. Subtract line 21 from line 20 Signature Block | | 7,043,922. | 7,533,638. | | |
| | | alties of perjury, I declare that I have examined this return, including accompanying schedules | s and statem | nents, and to the hest of my | / knowledge and helief it is | | |
| | | ct, and complete. Declaration of preparer (other than officer) is based on all information of wh | | | , knowledge and boller, it is | | |
| | | | | | | | |
| Sigi | n | Signature of officer | | Date | | | |
| Her | | ELISA DE MARTEL, TREASURER | | | | | |
| | | Type or print name and title | | Data E | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN | | |
| Paid | | FRANK H. SMITH Frank H. Smith | _ | 11/10/19 self-employ | | | |
| - | Only | Firm's name MARCUM LLP Firm's address 1899 L STREET, NW, SUITE 850 | | Firm's EIN ▶ | 11-1986323 | | |
| use | Only | WASHINGTON, DC 20036 | | Phone no. (2 | 02) 227-4000 | | |
| Max | the II | RS discuss this return with the preparer shown above? (see instructions) | | FIIOIR IIO. (Z | X Yes No | | |
| | 01 12-3 | | ons. | | Form 990 (2018) | | |

| | Check if Schedule O contains a response or note to any line in this Part III | X |
|----|--|----------------|
| 1 | Briefly describe the organization's mission: | |
| | TO IMPROVE THE WELL-BEING OF CHILDREN MADE VULNERABLE BY HIV, AIDS, | |
| | AND POVERTY IN SUB-SAHARAN AFRICA. FIRELIGHT FOUNDATION (FIRELIGHT) | |
| | SUPPORTS GRASSROOTS ORGANIZATIONS THAT HELP FAMILIES AND COMMUNITIES | |
| | MEET THE NEEDS OF THEIR CHILDREN. | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes | 7 1 |
| | | Z NO |
| 3 | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Z No |
| 3 | If "Yes," describe these changes on Schedule O. | <u>-</u> 140 |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and | |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$2,007,251. including grants of \$953,946.) (Revenue \$ |) |
| | CHILD PROTECTION AND ENDING CHILD MARRIAGE | |
| | THE STREET STATE OF THE SAME POSSIBLE OF THE STATE OF THE | |
| | WITH FUNDING FROM THE OAK FOUNDATION, DOROTHEA HAUS ROSS FOUNDATION, | |
| | AND AN ANONYMOUS DONOR, FIRELIGHT HAS BEEN SUPPORTING A CLUSTER OF 10 COMMUNITY-BASED ORGANIZATIONS AND 2 LEAD PARTNERS THAT ARE FIGHTING TO | |
| | SYSTEMATICALLY ELIMINATE CHILD MARRIAGE IN THE SHINYANGA REGION OF | <u>'</u> |
| | TANZANIA, WHERE 59% OF GIRLS UNDER 18 ARE STILL FORCED INTO MARRIAGE. | |
| | THE HILL STORY OF STREET OF STREET OF STREET OF STREET | |
| | OUR GRANTEE-PARTNERS ARE DEPLOYING A VARIETY OF HOLISTIC APPROACHES TO | , |
| | END CHILD MARRIAGE IN THE REGION. THEIR APPROACHES INCLUDE ECONOMIC | |
| | STRENGTHENING FOR FAMILIES, PSYCHOSOCIAL SUPPORT FOR CHILDREN RESCUED | |
| | FROM CHILD MARRIAGE, EDUCATIONAL SUPPORT FOR CHILDREN RESCUED FROM OR | |
| 4b | (Code:) (Expenses \$1, 284, 122. including grants of \$325, 833.) (Revenue \$ |) |
| | SUPPORTING EARLY CHILDHOOD DEVELOPMENT SYSTEMS AND STRENGTHENING | |
| | PRIMARY EDUCATION | |
| | WITH THE SUPPORT OF COMIC RELIEF, THE CONRAD N. HILTON FOUNDATION AND | |
| | THE BAINUM FAMILY FOUNDATION, FIRELIGHT HAS BEEN SUPPORTING 18 | |
| | COMMUNITY-BASED ORGANIZATIONS IN MALAWI, TANZANIA, AND ZAMBIA TO | |
| | STRENGTHEN EARLY CHILDHOOD DEVELOPMENT (ECD) CENTERS AND FAMILY- BASED |) |
| | TRAINING PROGRAMS THAT PROMOTE CHILDREN'S HOLISTIC DEVELOPMENT, | |
| | ESPECIALLY IN AREAS THAT ARE AFFECTED BY HIV. ECD IS CRITICAL TO | |
| | CHILDREN'S ABILITY TO THRIVE IN THEIR EARLY YEARS AND ALSO IMPACTS | |
| | THEIR ABILITY TO SUCCEED IN SCHOOL, BUT ONLY 12% OF CHILDREN IN SUB- SAHARAN AFRICA CURRENTLY HAVE ACCESS TO QUALITY EARLY CHILDHOOD | |
| | (Code:) (Expenses \$ 293,737. including grants of \$ 248,392.) (Revenue \$ 126,21 | 2.) |
| 70 | IMPROVING ACCESS TO GIRLS' SECONDARY EDUCATION IN MALAWI | <u>. = v</u>) |
| | | |
| | FIRELIGHT IS FUNDED BY THE MASTERCARD FOUNDATION, DUBAI CARES, AND THE | 1 |
| | FLORA FAMILY FOUNDATION TO SUPPORT FOUR LOCAL ORGANIZATIONS IN MALAWI | |
| | TO DEVELOP COMMUNITY-DRIVEN IDEAS THAT IMPROVE THE TRANSITION, | |
| | PERSISTENCE, AND EXAM PASS RATES FOR VULNERABLE GIRLS IN MALAWI'S | |
| | PUBLIC COMMUNITY DAY SECONDARY SCHOOL (CDSS) SYSTEM. TODAY, CDSSS FACE | <u>:</u> |
| | SIGNIFICANT CHALLENGES, FROM POORLY TRAINED TEACHERS, TO LIMITED | |
| | TEACHING AND LEARNING MATERIALS, TO AN OUTDATED CURRICULUM. PARENTS, STUDENTS AND COMMUNITIES ARE SKEPTICAL OF THE VALUE OF SCHOOLING AT TH | TE. |
| | CDSSS, AND THUS EARLY MARRIAGE FOR GIRLS IS OFTEN PRIORITIZED OVER | ند، |
| | SECONDARY SCHOOL ENROLLMENT. | |
| 4d | Other program services (Describe in Schedule O.) | |
| | (Expenses \$ 16,900 • including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses ▶ 3,602,010. | |
| | Form 990 | (0010) |

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Form 990 (2018) FIRELIGHT FOUNDATION Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|------------|-----|------------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | - | | |
| 0 | , , | | | X |
| ^ | Schedule D, Part III | 8 | | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | ₩ |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | v | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | X | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Х | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | - | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| •• | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | – " | | |
| .0 | | 12 | | x |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | ^ ` |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 4. | | v |
| 00- | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ├^ |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | . , |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | | X |

Form 990 (2018)

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Form 990 (2018) FIRELIGHT FOUNDATION
Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|--|-----|-----|-----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | <u> X</u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | <u> X</u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u> </u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | <u> </u> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | 7.7 | |
| Pai | Note. All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance | 38 | X | |
| Pal | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Shook it Soliedule O contains a response of flote to any line in this Fart V | | | <u> </u> |
| | Establishment | | Yes | No |
| _ | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| b | Enter the manner of Ferme W Learner access from the capping above. | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | v | |
| | (gambling) winnings to prize winners? | 1c | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form **990** (2018)



If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | | |
|-----|---|----------|---------|-----|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | |
| | | | Yes | No | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 7 | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 5 | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | X | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | Х | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | |
| | more members of the governing body? | 7a | | Х | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | |
| | persons other than the governing body? | 7b | | Х | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | |
| а | The governing body? | 8a | X | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | Х | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | | |
| | organization's mailing address? If "Yes." provide the names and addresses in Schedule O | 9 | | Х | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | |
| | | | Yes | No | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х | | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | |
| 11a | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | | |
| b | b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | | | | | |
| b | | | | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | |
| | in Schedule O how this was done | 12c | Х | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | | | | | | |
| b | Other officers or key employees of the organization | 15b | | Х | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | |
| | taxable entity during the year? | 16a | | X | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶CA | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3) | s only) | availat | ole | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | |
| | X Own website Another's website X Upon request Other (explain in Schedule O) | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | d financ | ial | | | | | | |
| | statements available to the public during the tax year. | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | | | | |
| | JANE STOKES - 831-429-8750 | | | | | | | | |
| | 903 PACIFIC AVENUE, SANTA CRUZ, CA 95060 | | | | | | | | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| Check this box if neither the organization n | or any related | orga | niza | tion | con | nper | sate | ed any current officer, d | rector, or trustee. | | | |
|--|---------------------|-------------------------------|-----------------------|---------|--------------|------------------------------|----------|---------------------------|----------------------------------|-----------------------|--|--|
| (A) | (B) | | (C) | | | | | (D) | (E) | (F) | | |
| Name and Title | Average | (do | | Pos | | າ than d | nne | Reportable | Reportable | Estimated | | |
| | hours per | box | , unle | ss per | rson i | s both | n an | compensation | compensation | amount of | | |
| | week | _ | Cer ai | lu a u | recid | Tritus | lee) | from | from related | other | | |
| | (list any hours for | lirecto | | | | L | | the organization | organizations (W-2/1099-MISC) | compensation from the | | |
| | related | e or 0 | stee | | | satec | | (W-2/1099-MISC) | (***2/1099****100) | organization | | |
| | organizations | ndividual trustee or director | Institutional trustee | | yee | mper | | (** 2, 1000 111100) | | and related | | |
| | below | idual | ution | la e | Key employee | est co | le. | | | organizations | | |
| | line) | Indiv | Insti | Officer | Key | Highest compensated employee | Former | | | | | |
| (1) GLORIA JOHNSON-CLARK | 5.00 | | | | | | | | | | | |
| CHAIR/CONSULTANT | | Х | | Х | | | | 45,630. | 0. | 0. | | |
| (2) MOLLY EFRUSY | 1.00 | | | | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0. | | |
| (3) DAVE KATZ | 1.00 | | | | | | | | | | | |
| SECRETARY - UNTIL 06/2019 | | Х | | Х | | | | 0. | 0. | 0. | | |
| (4) ELISA DE MARTEL | 1.00 | | | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. | | |
| (5) GEOFF FOSTER | 1.00 | | | | | | | | | | | |
| BOARD MEMBER - UNTIL 06/2019 | | Х | | | | | | 0. | 0. | 0. | | |
| (6) MARK LOREY | 1.00 | | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | | |
| (7) JIMMY KOLKER | 1.00 | | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | | |
| (8) KERRY OLSON | 1.00 | | | | | | | | | | | |
| BOARD MEMBER - UNTIL 06/2019 | | Х | | | | | | 0. | 0. | 0. | | |
| (9) GERRY SALOLE | 1.00 | 1 | | | | | | | | _ | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | | |
| (10) PARU YUSUF | 1.00 | | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | | |
| (11) NINA BLACKWELL | 40.00 | | | | | | | | | | | |
| EXECUTIVE DIRECTOR | 10.00 | | | X | | | | 169,649. | 0. | 567. | | |
| (12) JANE STOKES | 40.00 | 1 | | | | | | 105 044 | | 44 004 | | |
| DIRECTOR OF FINANCE | | | | | | X | | 106,911. | 0. | 44,974. | | |
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| Name and title Average Position Convolution Convo | Part VII Section A. Officers, Directors, Trus | 1 | oloy | ees, | | | ghes | st C | | | $\overline{}$ | | -\ | _ |
|--|---|--------------------|---------|---------|------------|--------|--------|----------|-------------------------------------|---------------------------------------|---------------|--------|---------|---|
| The Sub-total proportion of the compensation from related organizations with the compensation from related organizations and related organization from the organization from the organizations of the compensation from the organizations of the organizations of the organizations organ | (A) | (B) | | | | | | | (D) | (E) | | 1 | | |
| Compensation from the organizations below line Sub-total Sub | Name and the | 1 | | not c | heck | more | than o | | • | • | | | | |
| hours for related organizations below line) 1b Sub-total 1 Total from continuation sheets to Part VII, Section A 1 Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensation from the organization and related organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensation from the organization and related organization greater than \$1500,000 of **responsible compensation from the organization of the organization from the organization for the calendar year ending with or within the organization is tax year. (A) Name and business address Name Name | | | | | | | | | 1 ' | • | | | | |
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| tb Sub-total | | line) | Indivi | Institu | Office | Key er | Highe | Form | | | | 5 | | |
| C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) D 322,190. O . 0 . 45,541. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization C Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Z | | | | | | | | | | | | | | |
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| d Total (add lines 1b and 1c) | 1b Sub-total | | | | | | | | | | _ | 45, | | |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2 Yes No | | | | | | | | | | | _ | 4 = | | |
| 2 Yes No | | | | | | | | <u> </u> | | |) • | 45, | 541 | • |
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation FASSIL MARRIAM | | ot limited to th | ose | liste | ed at | oove | e) wh | o re | eceived more than \$100, | 000 of reportable | | | | 2 |
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation FASSIL MARRIAM | compensation from the organization | | | | | | | | | | | Y | | |
| line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation FASSIL MARRIAM | 3 Did the organization list any former officer | . director. or tru | uste | e. ke | ev en | olan | vee. | or l | highest compensated er | nplovee on | | | | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | | | | | | | | | | 3 | 3 | Х | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Compensation FASSIL MARRIAM | • • | | | | | | | | | ne organization | | | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address FASSIL MARRIAM | and related organizations greater than \$15 | 0,000? If "Yes, | " co | mple | ete S | Sche | edule | Jf | or such individual | | | ı 2 | K _ | |
| Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services FASSIL MARRIAM | 5 Did any person listed on line 1a receive or | accrue comper | nsati | on fi | rom | any | unre | elate | ed organization or individ | lual for services | | | | |
| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation FASSIL MARRIAM | | nplete Schedul | e J f | or su | ıch į | pers | on . | | | | 5 | 5 | X | - |
| the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (Description of services FASSIL MARRIAM | • | mnonceted inc | lono | ndo | nt or | ontr | ooto | ro th | nat rappiyad mare than [©] | 100 000 of compos | acation | from | | _ |
| (A) Name and business address (B) Description of services Compensation | | = | - | | | | | | | · · · · · · · · · · · · · · · · · · · | isation | 110111 | | |
| Name and business address Description of services Compensation FASSIL MARRIAM | | ino caronidar y | | | . <u>.</u> | | | | | | | (C) | | _ |
| | Name and business | address | | | | | | | | ervices | Com | | ation | |
| P.O. BOX 32387, KAMPALA, UGANDA PROJECT MANAGEMENT 156,402. | | | | | | | | | | | _ | | | |
| | P.O. BOX 32387, KAMPALA, | UGANDA | | | | | | _ | PROJECT MANA | GEMENT | 1 | 56, | 402 | • |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | _ |
| | | | | | | | | _ | | | | | | _ |
| | | | | | | | | | | | | | | |
| | | | | | | | | Ī | | | | | | |

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2018)

\$100,000 of compensation from the organization

Form 990 (2018) FIRELIG
Part VIII Statement of Revenue

| | | Check if Schedule O cont | ains a response | or note to any lir | ne in this Part VIII | | | <u></u> |
|--|----------|---|-------------------------|-----------------------------|----------------------|--|---------------------------------------|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| (0, (0 | 1.0 | Federated campaigns | 1a | | | 10701100 | 10101100 | 312 - 314 |
| ants | | | | | - | | | |
| ij d | | Membership dues | | | 4 | | | |
| fts, | | Fundraising events | | | - | | | |
| ig ig | | | | | - | | | |
| ns, Sim | | Government grants (contribution | · — | | - | | | |
| utio | т | All other contributions, gifts, gran | | 617,785. | | | | |
| ĕ₽ | _ | similar amounts not included above | | $\frac{017,765.}{335,360.}$ | - | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | _ | Noncash contributions included in lines | | | 4,617,785. | | | |
| Oa | <u>n</u> | Total. Add lines 1a-1f | | | | | | |
| | • | CONTRACT SERVIC | | Business Code 900099 | 126,212. | 126,212. | | |
| ice | | | | 200022 | 120,212• | 120,212• | | |
| er ue | b | | | | | | | |
| m S | C | | · | | | | | |
| gra Re | d | | | | | | | |
| Program Service Revenue | e | All all and an area area area area. | | | | | | |
| _ | | All other program service reve | | | 126,212. | | | |
| _ | <u> </u> | Total. Add lines 2a-2f | | ······ | 120,212. | | | |
| | 3 | Investment income (including other similar amounts) | | • | 132,481. | | | 132,481. |
| | 4 | Income from investment of tax | | | 132,401. | | | 132, 101. |
| | 5 | | | | | | | |
| | 3 | Royalties | | (ii) Personal | | | | |
| | 6 - | Crass rents | (i) Real | (II) Personal | - | | | |
| | | Gross rents | | | - | | | |
| | | Less: rental expenses | | | - | | | |
| | | Rental income or (loss) | | | | | | |
| | | Net rental income or (loss) | | | | | | |
| | / a | Gross amount from sales of | (i) Securities 1422097. | (ii) Other 1,130. | - | | | |
| | | assets other than inventory | 1422097. | 1,150. | - | | | |
| | D | Less: cost or other basis | 1232380 | 0. | | | | |
| | _ | and sales expenses | 189 708 | 1,130. | - | | | |
| | ر ا | Gain or (loss) | <u> </u> | 1,130. | 190,838. | | | 190,838. |
| | | Net gain or (loss) | | | 150,050. | | | 150,050. |
| ne | o a | Gross income from fundraising | - | | | | | |
| | | including \$ contributions reported on line | | | | | | |
| Re | | • | • | | | | | |
| Other Reven | h | Part IV, line 18 | | | - | | | |
| ₹ | | Net income or (loss) from fund | | | | | | |
| | | Gross income from gaming ac | - | | | | | |
| | Эа | Part IV, line 19 | | | | | | |
| | h | Less: direct expenses | | | - | | | |
| | | Net income or (loss) from gam | | | | | | |
| | | Gross sales of inventory, less | - | | | | | |
| | ıo a | and allowances | | | | | | |
| | h | Less: cost of goods sold | | | 1 | | | |
| | | Net income or (loss) from sale | | | 1 | | | |
| ļ | | Miscellaneous Revenu | | Business Code | | | | |
| ļ | 11 a | REFUNDS & REWAR | | 900099 | 1,497. | | | 1,497. |
| | | INSURANCE PROCE | | 900099 | 732. | | | 732. |
| | c | | | | | | | |
| | | All other revenue | | | | | | |
| | е | Total. Add lines 11a-11d | | | 2,229. | | | |
| | 12 | Total revenue. See instructions | | | 5,069,545. | 126,212. | 0. | 325,548. |

832009 12-31-18

Form 990 (2018) FIRELIGHT FOUNDATION Part IX Statement of Functional Expenses

| | Check if Schedule O contains a respons | | | | X |
|----|--|-----------------------|-------------------------------------|-------------------------------------|---|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | 1 500 171 | 1 500 171 | | |
| | individuals. See Part IV, lines 15 and 16 | 1,528,171. | 1,528,171. | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 183,757. | 88,686. | 43,215. | 51,856 |
| 6 | trustees, and key employees | 103,737. | 00,000. | 45,215. | 31,030 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 454,807. | 231,824. | 173,759. | 49,224 |
| 8 | Pension plan accruals and contributions (include | 131,007 | 201,021 | 10,100 | 47 ₁ 44 4 1 |
| J | section 401(k) and 403(b) employer contributions) | 12,436. | 3,521. | 8,018. | 897 |
| 9 | Other employee benefits | 153,733. | 43,144. | 106,163. | 897 4,426 |
| 10 | Payroll taxes | 48,460. | 16,443. | 24,557. | 7,460 |
| 11 | Fees for services (non-employees): | 20,2001 | 20,1101 | 21/33/1 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | Management | | | | |
| | Legal | 27,484. | 13,792. | 13,692. | |
| | Accounting | 38,661. | 14,211. | 24,450. | |
| | Lobbying | • | , | • | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | | 26,217. | | 26,217. | |
| g | | • | | | |
| Ū | column (A) amount, list line 11g expenses on Sch O.) | 1,102,590. | 1,059,560. | 26,130. | 16,900 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 80,810. | 70,107. | 7,411. | 3,292 |
| 14 | Information technology | 113,317. | 57,118. | 49,488. | 3,292 6,711 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 19,162. | 9,055. | 6,363. | 3,744 |
| 17 | Travel | 313,859. | 289,162. | 22,716. | 1,981 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 10,403. | 3,514. | 4,041. | 2,848 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 4,954. | 1,840. | 2,694. | 420 |
| 23 | Insurance | 22,647. | 11,082. | 9,543. | 2,022 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | WORKSHOPS AND TRAINING | 144,708. | 144,708. | | |
| b | BAD DEBT | 67,000. | , | 67,000. | |
| c | FISCAL SPONSOR FEE | 18,049. | 15,424. | 2,625. | |
| d | MEMBERSHIP DUES | 14,450. | 648. | 10,434. | 3,368 |
| | All other expenses | 6,037. | | 6,037. | • |
| 25 | Total functional expenses. Add lines 1 through 24e | 4,391,712. | 3,602,010. | 634,553. | 155,149 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

| Par | ιΛ | balance Sheet | | | | | |
|-----------------------------|-----|--|----------|-------------------------|-------------------|------------|-------------|
| | | Check if Schedule O contains a response or not | e to an | y line in this Part X | | | |
| | | | | | (A) | | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | | | 1,285,083. | 1 | 984,563. |
| | 2 | Savings and temporary cash investments | | | 595,147. | 2 | 1,197,734. |
| | 3 | Pledges and grants receivable, net | | | 2,050,387. | 3 | 2,065,409. |
| | 4 | Accounts receivable, net | | | 2,650. | 4 | 143. |
| | 5 | Loans and other receivables from current and for | rmer o | fficers, directors, | | | |
| | | trustees, key employees, and highest compensa | ated en | nployees. Complete | | | |
| | | Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disquali | fied pe | rsons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section | | | | | |
| | | employers and sponsoring organizations of sect | ion 50 | 1(c)(9) voluntary | | | |
| ţ | | employees' beneficiary organizations (see instr). | | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| ⋖ | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | ······ | 19,644. | 9 | 54,833. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | | | | | |
| | b | Less: accumulated depreciation | | | 11,197. | 10c | 16,237. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | | 3,268,046. | 12 | 3,362,540. |
| | 13 | Investments - program-related. See Part IV, line | 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 2,111. | 15 | 3,000. | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | 7,234,265. | 16 | 7,684,459. | |
| | 17 | Accounts payable and accrued expenses | 134,090. | 17 | 143,321. | | |
| | 18 | Grants payable | <u> </u> | 50,000. | 18 | 0. | |
| | 19 | Deferred revenue | | | 6,253. | 19 | 7,500. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | Part IV | of Schedule D | | 21 | |
| Se | 22 | Loans and other payables to current and former | officer | s, directors, trustees, | | | |
| Ě | | key employees, highest compensated employee | | | | | |
| Liabilities | | Complete Part II of Schedule L | | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | d third | parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | - | | | | |
| | | parties, and other liabilities not included on lines | 17-24 |). Complete Part X of | | | |
| | | Schedule D | | | 100 242 | 25 | 150 001 |
| | 26 | | | 5 77 | 190,343. | 26 | 150,821. |
| | | Organizations that follow SFAS 117 (ASC 958 | | ck here ▶ X and | | | |
| es | | complete lines 27 through 29, and lines 33 an | | | 2 1 4 1 0 0 4 | | 2 011 000 |
| auc | 27 | Unrestricted net assets | | | 3,141,984. | 27 | 3,211,888. |
| Bak | 28 | Temporarily restricted net assets | | ····· | 3,901,938. | 28 | 4,321,750. |
| - Pu | 29 | | | | | 29 | |
| Ē | | Organizations that do not follow SFAS 117 (A | SC 95 | B), check here ▶ 📖 | | | |
| ō | | and complete lines 30 through 34. | | | | | |
| šets | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Ass | 31 | Paid-in or capital surplus, or land, building, or ed | | | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated in | | | 7 042 000 | 32 | 7 522 620 |
| 2 | 33 | Total net assets or fund balances | | | 7,043,922. | 33 | 7,533,638. |
| | 34 | Total liabilities and net assets/fund balances . | | | 7,234,265. | 34 | 7,684,459. |



Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 5,06 | | | | | |
|----|--|-----------|------|-----|------------|--|--|--|
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,39 | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 7,8 | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 7,04 | 3,9 | 22. | | | |
| 5 | Net unrealized gains (losses) on investments | | | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | |
| 7 | Investment expenses | 7 | | | | | | |
| 8 | Prior period adjustments | 8 | | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | | | |
| | column (B)) | 10 | 7,53 | 3,6 | <u>38.</u> | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Ш | | | |
| | | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a | | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | | |
| | consolidated basis, or both: | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | | | | |
| | Act and OMB Circular A-133? | | 3a | | X | | | |
| b | b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | 000 | | | | |
| | | | Form | 990 | (2018) | | | |



SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization FIRELIGHT FOUNDATION 27-2795006 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|------------|--|---------------------|-----------------------|---------------------|---------------------|---------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 4645482. | 3635498. | 1664255. | 5641023. | 4617785. | 20204043. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 4645482. | 3635498. | 1664255. | 5641023. | 4617785. | 20204043. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 8901673. |
| | Public support. Subtract line 5 from line 4. | | | | | | 11302370. |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 | Amounts from line 4 | 4645482. | 3635498. | 1664255. | 5641023. | 4617785. | 20204043. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 170,749. | 207,227. | 165,934. | 122,624. | 132,481. | 799,015. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 8,682. | 14,153. | 6,550. | 9. | | 29,394. |
| 11 | Total support. Add lines 7 through 10 | | | | | 1 | 21032452. |
| | Gross receipts from related activities, | • | , | | | 12 | 755,423. |
| 13 | First five years. If the Form 990 is for | | | | | | . \square |
| <u>Sar</u> | organization, check this box and stop | here Der | contage | | | | > |
| | <u> </u> | | | . (6) | | | 53.74 % |
| | Public support percentage for 2018 (li | | | | | 14 | = 0 4 4 |
| | Public support percentage from 2017 | | | | | 15 | |
| 10a | 33 1/3% support test - 2018. If the content have The experimental supplifies | | | | | | |
| L | stop here. The organization qualifies | | | | | | |
| D | 33 1/3% support test - 2017. If the c | • | | , | | • | |
| 17- | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | _ | | | | | |
| | and if the organization meets the "fac | | • | • | • | • | |
| Į. | meets the "facts-and-circumstances" | | | | | | |
| O | 10% -facts-and-circumstances test | _ | | | | | |
| | more, and if the organization meets the | | | | - | | ▶ □ |
| 10 | organization meets the "facts-and-circ | | • | • | | | . |
| ΙŎ | Private foundation. If the organization | n did not check a f | JUX OIT IIIIE 13, 162 | a, 100, 17a, 0r 17b | , check this box ar | iu see iristruction | s |



Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | | | | | | |
|------|--|-----------------|-----------------|------------------|----------|----------|------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | ļ |
| k | Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | ction B. Total Support | | 1 | T | T | T | 1 |
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 40 | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | 1 | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | 1 | 1 |
| 14 | First five years. If the Form 990 is for | • | | • | • | . , . , | · |
| 90 | check this box and stop here ction C. Computation of Publi | | | | | | P |
| | Public support percentage for 2018 (li | | | polumn (f\) | | 15 | 0/ |
| | , , | , (,, | , , | (// | | 15 | <u>%</u> |
| | Public support percentage from 2017 ction D. Computation of Inves | | | | | ן וט ן | % |
| | Investment income percentage for 20 | | | ne 13 column (f) | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | |
| | 33 1/3% support tests - 2018. If the | | | | | | |
| 136 | more than 33 1/3%, check this box ar | | | | | | . — |
| ŀ | 33 1/3% support tests - 2017. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation If the organization | | | | | | |

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 За 3b Зс 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9с 10a 10b

| Pa | rt IV Supporting Organizations _(continued) | | | |
|-----|--|----------|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| С | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | • | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | ructions |). | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | | | | |
| | trustees of each of the supported organizations? <i>Provide details in</i> Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If IIVes II describe in Part VI the relative of the properties in this regard | 3h | | |

Schedule A (Form 990 or 990-EZ) 2018
FOUNDATION

FOUNDATION

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organ | izations | |
|--|--|----------------|----------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See ins | | | | |
| | other Type III non-functionally integrated supporting organizations must of | complete Sec | ctions A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| _3_ | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| _5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| _7_ | Other expenses (see instructions) | 7 | | |
| _8_ | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| _3_ | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| _5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| _6 | Multiply line 5 by .035 | 6 | | |
| _7_ | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| _1_ | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ally integrate | d Type III supporting orga | anization (see |

Schedule A (Form 990 or 990-EZ) 2018

instructions).

| Par | ιν Iype i | II Non-Functionally integrated 509(| (a)(3) Supporting Orga | nizations (continued) | |
|-------|-------------------|--|-------------------------------|--------------------------------|----------------------------------|
| Secti | on D - Distribut | Current Year | | | |
| 1 | Amounts paid t | | | | |
| 2 | Amounts paid t | | | | |
| | organizations, i | | | | |
| 3 | Administrative | 3 | | | |
| | | o acquire exempt-use assets | | | |
| 5 | • | ide amounts (prior IRS approval required) | | | |
| 6 | | ons (describe in Part VI). See instructions. | | | |
| 7 | | istributions. Add lines 1 through 6. | | | |
| 8 | | attentive supported organizations to which the | ne organization is responsive | | |
| _ | | in Part VI). See instructions. | .o organization to respondite | | |
| 9 | | mount for 2018 from Section C, line 6 | | | |
| | | divided by line 9 amount | | | |
| | Line o amount | arriage by line o arriagnic | (i) | (ii) | (iii) |
| Secti | on E - Distribut | tion Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2018 | Distributable Amount for 2018 |
| 1 | Distributable ar | mount for 2018 from Section C, line 6 | | | |
| 2 | Underdistribution | ons, if any, for years prior to 2018 (reason- | | | |
| | able cause requ | uired- explain in Part VI). See instructions. | | | |
| 3 | Excess distribu | tions carryover, if any, to 2018 | | | |
| а | From 2013 | | | | |
| b | From 2014 | | | | |
| С | From 2015 | | | | |
| d | From 2016 | | | | |
| е | From 2017 | | | | |
| f | Total of lines 3 | a through e | | | |
| g | Applied to unde | erdistributions of prior years | | | |
| h | Applied to 2018 | 3 distributable amount | | | |
| i | Carryover from | 2013 not applied (see instructions) | | | |
| i | Remainder. Sul | btract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | | r 2018 from Section D, | | | |
| | line 7: | \$ | | | |
| а | Applied to unde | erdistributions of prior years | | | |
| | | 3 distributable amount | | | |
| | | otract lines 4a and 4b from 4. | | | |
| 5 | | erdistributions for years prior to 2018, if | | | |
| | • | nes 3g and 4a from line 2. For result greater | | | |
| | | ain in Part VI. See instructions. | | | |
| 6 | • | erdistributions for 2018. Subtract lines 3h | | | |
| | • | e 1. For result greater than zero, explain in | | | |
| | Part VI. See ins | , , | | | |
| 7 | | utions carryover to 2019. Add lines 3j | | | |
| - | and 4c. | | | | |
| 8 | Breakdown of I | ine 7: | | | |
| | Excess from 20 | | | | |
| | Excess from 20 | | | | |
| | Excess from 20 | | | | |
| | Excess from 20 | | | | |
| | Excess from 20 | | | | |
| E | していたらう ロロロニスロ | 710 | | | |



Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

(See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: FISCAL AGENT FEE 2014 AMOUNT: \$ 6,027. 2015 AMOUNT: \$ 11,984. 2016 AMOUNT: \$ 0. 2017 AMOUNT: \$ 0. 2018 AMOUNT: \$ 0. OTHER INCOME 1,845. 2014 AMOUNT: \$ 2015 AMOUNT: \$ 1,669. 2016 AMOUNT: \$ 0. 2017 AMOUNT: 9. 2018 AMOUNT: \$ 0. CRADLE PROJECT SALES 810. 2014 AMOUNT: \$ 2015 AMOUNT: 500. 2016 AMOUNT: \$ 550. 2017 AMOUNT: \$ 0. 2018 AMOUNT: \$ 0. RENT DEPOSIT REFUND 2014 AMOUNT: \$ 0. 2015 AMOUNT: \$ 0. 2016 AMOUNT: \$ 6,000.

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2017 AMOUNT: \$

0.

| Part V | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|--------|---|
| 2018 | AMOUNT: \$ 0. |
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

| | FIRELIGHT FOUNDATION | 27-2795006 | | | | | |
|---|---|---|--|--|--|--|--|
| Organization type (che | ck one): | | | | | | |
| Filers of: Section: | | | | | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| | 527 political organization | | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | |
| , , | ion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F | Rule. See instructions. | | | | | |
| - | cation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor | • | | | | | |
| Special Rules | | | | | | | |
| sections 509(a any one contri | eation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a ibutor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of the second s | a, or 16b, and that received from | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. | | | | | | | |
| year, contribut is checked, en purpose. Don | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | | |
| ŭ | on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B o" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its | • | | | | | |

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

FIRELIGHT FOUNDATION

27-2795006

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|--|----------------------------|---|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 1 | | \$ <u>1,806,609</u> . | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 2 | | \$ <u>1,250,000</u> . | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 3 | | \$ <u>410,000</u> . | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 4 | Name, address, and ZIP + 4 | \$ 236,595. | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 5 | | \$ <u>150,727.</u> | Person X Payroll Noncash X (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 6 | | \$ 134,992. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |



Name of organization Employer identification number

FIRELIGHT FOUNDATION

27-2795006

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

FIRELIGHT FOUNDATION

27-2795006

| Part II | art II if additional space is needed. | | |
|------------------------------|--|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | SEE STATEMENT 1 | | |
| 4_ | | | |
| | | \$\$ | 04/12/19 |
| (a) | | (c) | |
| No. from | (b) Description of noncash property given | FMV (or estimate) | (d) Date received |
| Part I | Description of noncash property given | (See instructions.) | Date received |
| | SEE STATEMENT 2 | | |
| 5 | | | |
| | | | 06/07/10 |
| | | 98,765. | 06/07/19 |
| (a) | | | |
| No. | (b) | (c) FMV (or estimate) | (d) |
| from | Description of noncash property given | (See instructions.) | Date received |
| Part I | | , , , | |
| | | | |
| | | | |
| | | | |
| (2) | | | |
| (a) No. | (b) | (c) | (d) |
| from | Description of noncash property given | FMV (or estimate) | Date received |
| Part I | | (See instructions.) | |
| | | | |
| | | | |
| | | | |
| | | | |
| (a) | | (c) | |
| No. from | (b) | FMV (or estimate) | (d) Date received |
| Part I | Description of noncash property given | (See instructions.) | Date received |
| | | | |
| | | | |
| | | | |
| | | \$ | |
| (a) | | | |
| No. | (b) | (c) | (d) |
| from | Description of noncash property given | FMV (or estimate) (See instructions.) | Date received |
| Part I | | (SSS III STEED IN 18.1) | |
| | | | |
| — | | | |
| | | \$ | |



Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification number** FIRELIGHT FOUNDATION 27-2795006 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

| rransteree's name, address, a | na ZIP + 4 | K | elationship of transferor to transferee |
|-------------------------------|------------|------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| (h) Purpose of gift | (c) Use of | nift | (d) Description of how gift is held |

(e) Transfer of gift

| Transfersale name address and 7ID . A | Delationabin of homofour, to homofour, |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |
| | |

823454 11-08-18

(a) No. from Part I SCH B PG 3 STATEMENT 1

439 SHARES PIMCO ALL ASSET ALL AUTHORITY CL C, 352 SHARES PIONEER HIGH YIELD FUND CL A, 388 SHARES AMERICAN FD INCOME FUND OF AMERICA CL F1, 120 SHARES AMERICAN FD INCOME FUND OF AMERICA CL A, 505 SHARES BLACKROCK ADVANTAGE SM CAP GWTH A, 367 SHARES TEMPLETON GLOBAL BOND FUND CL C, 621 SHARES FRANKLIN HIGH YIELD TF INCM FD CL C, 213 SHARES FRANKLIN UTILITIES FD CL A1, 42 SHARES FRANKLIN RISING DIV FD CL A, 664 SHARES FRANKLIN MI TAX FREE INCM FD CL A1, 121 SHARES TEMPLETON GLOBAL BOND FUND CL A, 101 SHARES FRANKLIN FEDERAL TAX FREE INCM CL A1, 1200 SHARES WOODWARD INC, 60 SHARES KRAFT HEINZ CO, 202 SHARES JUNIPER NETWORKS INC, 400 SHARES BLACKROCK MUNIY MICHIGAN, 54 SHARES DUKE ENERGY CORP, 762 SHARES CISCO SYSTEMS INC, 130 SHARES CMS ENERGY CORP AND 29 SHARES COMCAST CORP CLASS A

SCH B PG 3 STATEMENT 2

297 SHARES BLACKROCK NATIONAL MUNI INV A, 164 SHARES TEMPLETON GLOBAL BOND FUND CL A, 550 SHARES FRANKLIN UTILITIES FD CL A1, 150 SHARES NORTHERN TRUST CORP, 202 SHARES JUNIPER NETWORKS INC, 1037 SHARES CISCO SYSTEMS INC, 118 SHARES COMCAST CORP CLASS A

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FIRELIGHT FOUNDATION

Employer identification number 27-2795006

| Pai | t I Organizations Maintaining Donor Advise | d Funds or Other Similar Funds | or Accounts. Complete if the |
|-----|---|--|---|
| | organization answered "Yes" on Form 990, Part IV, lin | e 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor advis | ed funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that grant funds can be | used only |
| | for charitable purposes and not for the benefit of the donor of | r donor advisor, or for any other purpose | conferring |
| | | | |
| Pai | t II Conservation Easements. Complete if the org | ganization answered "Yes" on Form 990, | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or e | ducation) Preservation of a his | torically important land area |
| | Protection of natural habitat | Preservation of a cer | tified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form | of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic stru | ucture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired a | after 7/25/06, and not on a historic structu | ıre |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the | e organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation eas | sement is located | |
| 5 | Does the organization have a written policy regarding the per | iodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it | holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing cons | servation easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conserva | tion easements during the year |
| | ▶ \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above | | |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | include, if applicable, the text of the footnote to the organizat | tion's financial statements that describes | the organization's accounting for |
| Da | conservation easements. | i Art Historical Transcurso or Ot | ihar Cimilar Assats |
| Pai | t III Organizations Maintaining Collections of | | iller Sillillar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | | |
| | historical treasures, or other similar assets held for public exh | | nce of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that describ | | |
| b | If the organization elected, as permitted under SFAS 116 (AS | | |
| | treasures, or other similar assets held for public exhibition, ed | ducation, or research in furtherance of pul | blic service, provide the following amounts |
| | relating to these items: | | . |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| _ | | | |
| 2 | If the organization received or held works of art, historical treat | | ıı gaın, provide |
| _ | the following amounts required to be reported under SFAS 1: | · · | • |
| a | Revenue included on Form 990, Part VIII, line 1 | | |
| b | Assets included in Form 990, Part X | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

Schedule D (Form 990) 2018

| | t III Organizations Maintaining C | ollections of Art | | acurae or Ot | hor S | | | 23000 | |
|-----|--|-----------------------|-------------------------|-------------------|-----------|------------|---------------|-----------|------------|
| | | | | | | | | , | , |
| 3 | Using the organization's acquisition, accession | on, and other records | s, check any of the f | ollowing that are | a signit | ricant u | ise of its c | ollection | items |
| | (check all that apply): | | | | | | | | |
| а | Public exhibition | d | | nange programs | | | | | |
| b | Scholarly research | е | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | | | | | | se in Part | XIII. | |
| 5 | During the year, did the organization solicit or | | | | nilar ass | sets | _ | _ | |
| _ | to be sold to raise funds rather than to be ma | | | | | | | Yes | No |
| Pai | t IV Escrow and Custodial Arrang reported an amount on Form 990, Par | | ete if the organization | n answered "Yes | on Fo | rm 990 |), Part IV, I | ine 9, or | |
| | Is the organization an agent, trustee, custodia | an or other intermedi | iary for contributions | or other assets | not incl | uded | | | |
| | on Form 990, Part X? | | • | | | | | Yes | X No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | _ | |
| | , , , | | 3 | | | | | Amount | |
| С | Beginning balance | | | | | 1c | | | |
| | Additions during the year | | | | | 1d | | | |
| е | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| 2a | Did the organization include an amount on Fo | | | | | , | | Yes | X No |
| | If "Yes," explain the arrangement in Part XIII. | | | | • | | | | |
| | t V Endowment Funds. Complete it | | | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years ba | | Three \ | ears back | (e) Four | years back |
| 1a | Beginning of year balance | 3,653,976. | 3,449,078. | 3,310,42 | | 3,706,716. | | | 487,718. |
| b | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and losses | 131,316. | 233,712. | 363,98 | 55. | -73,818 | | - | 254,427. |
| d | Grants or scholarships | , | • | • | | | | | , |
| e | Other expenditures for facilities | | | | | | | | |
| _ | and programs | 260,865. | | 200,00 | 0. | 2 | 89,047. | | 490,309. |
| f | Administrative expenses | 26,154. | 28,814. | 25,33 | 31. | | | | 36,266. |
| g | End of year balance | 3,498,273. | 3,653,976. | 3,449,07 | 8. | <u> </u> | | 3 , | 706,716. |
| 2 | Provide the estimated percentage of the curr | • | | | | | | | , |
| а | Board designated or quasi-endowment | 100.00 | % | , | | | | | |
| b | Permanent endowment ► .00 | % | — | | | | | | |
| С | Temporarily restricted endowment | • 0 0 % | | | | | | | |
| _ | The percentages on lines 2a, 2b, and 2c show | | | | | | | | |
| За | Are there endowment funds not in the posses | • | tion that are held an | d administered fo | or the o | rganiza | ation | | |
| | by: | 3 | | | | 5 | | ſ | Yes No |
| | (i) unrelated organizations | | | | | | | 3a(i) | Х |
| | /** | | | | | | | 3a(ii) | Х |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | |
| Pai | t VI Land, Buildings, and Equipm | ent. | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 | , Part IV, line 11a. S | ee Form 990, Pa | t X, line | e 10. | | | |
| | Description of property | (a) Cost or o | | | c) Accu | | ed | (d) Bool | k value |
| | 1 17 | basis (investr | ` ' | | - | ciation | | . , | |
| | Land | | | | | | | | |
| b | Buildings | | | | | | | | |
| c | Leasehold improvements | | | | | | | | |
| d | Equipment | I | 2 | 2,908. | 1 | 0,7 | 56. | 12 | 2,152. |
| | Other | | | 9,927. | | 5,8 | | | 1,085. |

Schedule D (Form 990) 2018

16,237.



Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.)

| Schedule D (Form 990) 2018 | FIRELIGHT FO | OUNDATION | | 27-2795006 | Page 3 |
|---|----------------------------------|------------------------------|------------------------------------|------------------------|--------|
| Part VII Investments - C | Other Securities. | | | | |
| Complete if the orga | anization answered "Yes" o | on Form 990, Part IV, line 1 | 1b. See Form 990, Part X, line 12. | | |
| (a) Description of security or category | OTV (including name of security) | (b) Book value | (c) Method of valuation: Cost of | r end-of-year market v | alue |

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) PUBLICLY TRADED | | |
| (B) SECURITIES | 3,362,540. | COST |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Tatal (Cal (h) must squal Form 000 Part V sol (D) line 10) | 3 362 540 | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment

(b) Book value

(c) Method of valuation: Cost of the cost o

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total (Col. (h) must equal Form 990, Part X, col. (R) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|-----------------|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. | (a) Description of liability | (b) Book value | |
|--------|---|----------------|--|
| (1) | Federal income taxes | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018



| | rt XI Reconciliation of Revenue per Audited Financial State | ments With | Revenue per Re | turn. | 1733333 Tage |
|-------|---|------------------|------------------|----------|---------------------|
| 1 0 | Complete if the organization answered "Yes" on Form 990, Part IV, line | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 124. | | 1 | 4,855,211. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | -188,117. | | |
| b | Donated services and use of facilities | | • | | |
| С | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | | | | |
| е | Add lines 2a through 2d | | | 2e | -188,117. |
| 3 | Subtract line 2e from line 1 | | | 3 | 5,043,328. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 26,217. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 26,217. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 5,069,545. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial State | | n Expenses per F | Returr | ۱. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a. | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 4,365,495. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | | | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | _ |
| е | Add lines 2a through 2d | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 4,365,495. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | 26,217. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 26,217. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 4,391,712. |
| | rt XIII Supplemental Information. | | | | |
| | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; $\rm F$ | | | ; Part X | (, line 2; Part XI, |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any | additional infor | mation. | | |
| | | | | | |

PART V, LINE 4:

FIRELIGHT'S POLICY IS TO MAKE AVAILABLE ON JULY 1 OF EACH YEAR, AS EXPENDABLE INCOME, AN AMOUNT EQUAL TO THE GREATER OF THE YEARLY RETURN OF THE PREVIOUS FISCAL YEAR OR FOUR PERCENT OF THE AVERAGE OF THE LONG-TERM RESERVE FUNDS' TOTAL MARKET VALUE FOR THE FOUR QUARTERS ENDING MARCH 31 OF THE PREVIOUS FISCAL YEAR. THE BOARD OF DIRECTORS MAY ALSO AUTHORIZE WITHDRAWAL OF THE PRINCIPAL OF THE QUASI-ENDOWMENT SHOULD IT BE DETERMINED TO BE IN THE BEST INTEREST OF FIRELIGHT.

PART X, LINE 2:

FIRELIGHT EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED

JUNE 30, 2019, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD

Schedule D (Form 990) 2018

| Schedule D (Form 990) 2018 FIRELIGHT FOUNDATION | 27-2795006 | Page 5 |
|---|------------|--------|
| Schedule D (Form 990) 2018 FIRELIGHT FOUNDATION Part XIII Supplemental Information (continued) | | |
| REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY | HAVE ANY | |
| EFFECT ON ITS TAX-EXEMPT STATUS. | | |
| EFFECT ON ITS TAX-EXEMPT STATUS. | | |
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COPY

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

Name of the organization

Employer identification number

| FIRELIGHT FOUND | аттом | | | | 27-279500 | 6 |
|---|--|--|---|---|---|--|
| Part I General Infor | mation on A | ctivities Out | side the United States. Compl | ete if the organ | ization answered "Y | es" on |
| Form 990, Part IV | | | | | | |
| | | n maintain record | ds to substantiate the amount of its gra | ants and other a | | |
| the grantees' eligibility fo | or the grants or a | ssistance, and t | the selection criteria used to award the | grants or assis | tance?X | Yes No |
| 2 For grantmakers. Desc United States. | ribe in Part V the | e organization's | procedures for monitoring the use of its | s grants and otl | ner assistance outsi | de the |
| | ne following Part | I. line 3 table ca | an be duplicated if additional space is r | needed.) | | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) | (e) If activis a prog describe | vity listed in (d) gram service, e specific type (s) in the region | (f) Total expenditures for and investments in the region |
| SUB-SAHARAN AFRICA | 0 | 0 | GRANTMAKING | | | 1,528,171. |
| SUB-SAHARAN AFRICA | 2 | 0 | PROGRAM SERVICES | PROGRAM SUP CAPACITY BU MENTORING | • | 851,834. |
| | | | | | | |
| SUB-SAHARAN AFRICA | 1 | 0 | PROGRAM SERVICES | MONITORING, EVALUATION | LEARNING AND | 383,638. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 3 a Subtotal | 3 | 0 | | | | 2,763,643. |
| b Total from continuation sheets to Part I | 0 | 0 | | | | 0. |
| c Totals (add lines 3a and 3b) | 3 | 0 | | | | 2,763,643. |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2018



Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|---|---|--|--------------------------|------------------------------------|----------------------------------|---------------------------------------|---|
| | | | | | | | | |
| | | SUB-SAHARAN | CHILD PROTECTION / | | | | | |
| | | AFRICA | CHILD RIGHTS | 130,220. | WIRE TRANSFER | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | CHILD PROTECTION / | | | | | |
| | | AFRICA | CHILD RIGHTS | 92,047. | WIRE TRANSFER | 0. | | |
| | | | | , | | | | |
| | | | | | | | | |
| | | SUB-SAHARAN AFRICA | EARLY CHILDHOOD EDUCATION/DEVELOPMENT | 68 675 | WIRE TRANSFER | 0. | | |
| | | AFRICA | EDUCATION/ DEVELOPMENT | 00,073. | WIKE IKANSPEK | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | ORG. CAPACITY | | | | | |
| | | AFRICA | BUILDING | 55,000. | WIRE TRANSFER | 0. | | 1 |
| | | | | | | | | |
| | | SUB-SAHARAN | CHILD PROTECTION / | | | | | |
| | | AFRICA | CHILD RIGHTS | 50,000. | WIRE TRANSFER | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | CHILD PROTECTION / | | | | | |
| | | AFRICA | CHILD RIGHTS | 48,813. | WIRE TRANSFER | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | CHILD PROTECTION / | | | | | |
| | | AFRICA | CHILD RIGHTS | 47,857. | WIRE TRANSFER | 0. | | |
| | | | | | | | | |
| | | CHD CAUADAN | CHILD DROWECTION / | | | | | |
| | | | | 47 440 | WIRE TRANSFER | n | | |
| 2 Enter total number of | | SUB-SAHARAN AFRICA ns listed above that are : | CHILD PROTECTION / CHILD RIGHTS recognized as charities by the f | | WIRE TRANSFER recognized as tax-ex | 0. empt | | |

| 2 | Enter total number of recipient organizations listed above that are recognized as charities by the fo | s tax-exempt |
|---|---|------------------|
| | by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | |

3 Enter total number of other organizations or entities

▶ _______33

Schedule F (Form 990) 2018

| Part II Continuation o | f Grants and Other | Assistance to Organiza | tions or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line 1 |) | |
|----------------------------|--|------------------------|------------------------------------|--------------------------|---------------------------------|---|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | | |
| | | SUB-SAHARAN | ORG. CAPACITY | | | | | |
| | | | BUILDING | 42,325. | WIRE TRANSFER | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | CHILD PROTECTION / | | | | | |
| | | AFRICA | CHILD PROTECTION / | 40 720. | WIRE TRANSFER | 0. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | SUB-SAHARAN AFRICA | CHILD PROTECTION / CHILD RIGHTS | 40.000 | WIRE TRANSFER | 0. | | |
| | | AFRICA | CHILD RIGHTS | 40,000. | WIRE TRANSFER | 0. | | |
| | | | | | | | | |
| | | | CHILD PROTECTION / | | | | | |
| | | AFRICA | CHILD RIGHTS | 36,814. | WIRE TRANSFER | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | CHILD PROTECTION / | | | | | |
| | | AFRICA | CHILD RIGHTS | 36,565. | WIRE TRANSFER | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | CHILD PROTECTION / | | | | | |
| | | AFRICA | CHILD RIGHTS | 36,535. | WIRE TRANSFER | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | CHILD PROTECTION / | | | | | |
| | | AFRICA | CHILD RIGHTS | 36,532. | WIRE TRANSFER | 0. | | |
| | | | | , | | | | |
| | | | | | | | | |
| | | | CHILD PROTECTION / CHILD RIGHTS | 36 520 | WIRE TRANSFER | 0. | | |
| | | 1111111 | DITED REGIED | 30,320. | THE TRUMBLER | 0. | | + |
| | | | | | | | | |
| | | | CHILD PROTECTION / | 26 545 | | | | |
| | | AFRICA | CHILD RIGHTS | 36,519. | WIRE TRANSFER | 0. | | |

37

| Part II Continuation of | Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | | | |
|----------------------------|--|-----------------------|------------------------------------|--------------------------|---------------------------------|---|--|---|--|--|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) | | | |
| | | | | | | | | | | | |
| | | SUB-SAHARAN | | | | | | | | | |
| | | | LEARNING SUPPORT | 36,140. | WIRE TRANSFER | 0. | | | | | |
| | | | | | | | | | | | |
| | | SUB-SAHARAN | CHILD PROTECTION / | | | | | | | | |
| | | | CHILD RIGHTS | 30,000. | WIRE TRANSFER | 0. | | | | | |
| | | | | | | | | | | | |
| | | SUB-SAHARAN | CUILD DROMECMION / | | | | | | | | |
| | | AFRICA | CHILD PROTECTION / CHILD RIGHTS | 30,000. | WIRE TRANSFER | 0. | | | | | |
| | | | | , | | | | | | | |
| | | | | | | | | | | | |
| | | SUB-SAHARAN AFRICA | CHILD PROTECTION / CHILD RIGHTS | 30 000 | WIRE TRANSFER | 0. | | | | | |
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| | | | | | | | | | | | |
| | | SUB-SAHARAN AFRICA | SECONDARY EDUCATION | 27 000 | WIRE TRANSFER | 0. | | | | | |
| | | AFRICA | SECONDARI EDUCATION | 27,000. | WIRE TRANSFER | 0. | | | | | |
| | | | | | | | | | | | |
| | | SUB-SAHARAN | GEGOVDADY EDUGATION | 27 000 | WIDE MDANGEED | ٥ | | | | | |
| | | AFRICA | SECONDARY EDUCATION | 27,000. | WIRE TRANSFER | 0. | | | | | |
| | | | | | | | | | | | |
| | | SUB-SAHARAN | | | | | | | | | |
| | | AFRICA | SECONDARY EDUCATION | 27,000. | WIRE TRANSFER | 0. | | | | | |
| | | | | | | | | | | | |
| | | SUB-SAHARAN | | | | | | | | | |
| | | AFRICA | SECONDARY EDUCATION | 27,000. | WIRE TRANSFER | 0. | | | | | |
| | | | | | | | | | | | |
| | | SUB-SAHARAN | CHILD PROTECTION / | | | | | | | | |
| | | AFRICA | CHILD RIGHTS | 25,000. | WIRE TRANSFER | 0. | | | | | |

38

| Part II Continuation of | | | | | | | | | | | | |
|----------------------------|---|-----------------------|------------------------------------|--------------------------|---------------------------------|---|--|---|--|--|--|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) | | | | |
| | | | | | | | | | | | | |
| | | SUB-SAHARAN | CHILD PROTECTION / | | | | | | | | | |
| | | AFRICA | CHILD RIGHTS | 25,000. | WIRE TRANSFER | 0. | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | SUB-SAHARAN AFRICA | SECONDARY EDUCATION | 23 000 | WIRE TRANSFER | 0. | | | | | | |
| | | ni kion | DECONDARY EDUCATION | 23,000. | WIRE IRANGIER | ••• | | | | | | |
| | | | | | | | | | | | | |
| | | SUB-SAHARAN | | | | _ | | | | | | |
| | | AFRICA | SECONDARY EDUCATION | 23,000. | WIRE TRANSFER | 0. | | | | | | |
| | | | | | | | | | | | | |
| | | SUB-SAHARAN | | | | | | | | | | |
| | | AFRICA | SECONDARY EDUCATION | 23,000. | WIRE TRANSFER | 0. | | | | | | |
| | | | | | | | | | | | | |
| | | SUB-SAHARAN | | | | | | | | | | |
| | | | SECONDARY EDUCATION | 23,000. | WIRE TRANSFER | 0. | | | | | | |
| | | | | | | | | | | | | |
| | | SUB-SAHARAN | GUILD DROWEGETON / | | | | | | | | | |
| | | AFRICA | CHILD PROTECTION / CHILD RIGHTS | 20,000. | WIRE TRANSFER | 0. | | | | | | |
| | | | | , | | - | | | | | | |
| | | | | | | | | | | | | |
| | | | CHILD PROTECTION / CHILD RIGHTS | 20 000 | WIRE TRANSFER | 0. | | | | | | |
| | | AFRICA | CHILD RIGHTS | 20,000. | WIRE TRANSFER | 0. | | | | | | |
| | | | | | | | | | | | | |
| | | | CHILD PROTECTION / | | | | | | | | | |
| | | AFRICA | CHILD RIGHTS | 15,000. | WIRE TRANSFER | 0. | | | | | | |
| | | | | | | | | | | | | |
| | | SUB-SAHARAN | EARLY CHILDHOOD | | | | | | | | | |
| | | AFRICA | EDUCATION/DEVELOPMENT | 12,666. | WIRE TRANSFER | 0. | | | | | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | | | |
|--|--|-----------------------|---------------------------------------|--------------------------|---------------------------------|---|--|---|--|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) | | |
| | | | | | | | | | | |
| | | SUB-SAHARAN | ECONOMIC | | | | | | | |
| | | AFRICA | STRENGTHENING | 12,235. | WIRE TRANSFER | 0. | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | SUB-SAHARAN AFRICA | EARLY CHILDHOOD EDUCATION/DEVELOPMENT | 12 000 | WIRE TRANSFER | 0. | | | | |
| | | AFRICA | EDUCATION/ DEVELOPMENT | 12,000. | WIRE TRANSPER | 0. | | | | |
| | | | | | | | | | | |
| | | | EARLY CHILDHOOD | | | | | | | |
| | | AFRICA | EDUCATION/DEVELOPMENT | 11,000. | WIRE TRANSFER | 0. | | | | |
| | | | | | | | | | | |
| | | SUB-SAHARAN | EARLY CHILDHOOD | | | | | | | |
| | | AFRICA | EDUCATION/DEVELOPMENT | 11,000. | WIRE TRANSFER | 0. | | | | |
| | | | | | | | | | | |
| | | SUB-SAHARAN | EARLY CHILDHOOD | | | | | | | |
| | | AFRICA | EDUCATION/DEVELOPMENT | 11,000. | WIRE TRANSFER | 0. | | | | |
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| | | SUB-SAHARAN AFRICA | EARLY CHILDHOOD EDUCATION/DEVELOPMENT | 10 000 | WIRE TRANSFER | 0. | | | | |
| | | AFRICA | EDUCATION/ DEVELOPMENT | 10,000. | WIRE TRANSPER | 0. | | | | |
| | | | | | | | | | | |
| | | | CHILD PROTECTION / | | | | | | | |
| | | AFRICA | CHILD RIGHTS | 10,000. | WIRE TRANSFER | 0. | | | | |
| | | | | | | | | | | |
| | | SUB-SAHARAN | EARLY CHILDHOOD | | | | | | | |
| | | AFRICA | EDUCATION/DEVELOPMENT | 10,000. | WIRE TRANSFER | 0. | | | | |
| | | | | | | | | | | |
| | | SUB-SAHARAN | EARLY CHILDHOOD | | | | | | | |
| | | AFRICA | EDUCATION/DEVELOPMENT | 10,000. | WIRE TRANSFER | 0. | | | | |

| Part II Continuation o | | | | | | | | | | | | |
|----------------------------|--|-----------------------|---------------------------------------|--------------------------|---------------------------------|---|--|---|--|--|--|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) | | | | |
| | | | | | | | | | | | | |
| | | SUB-SAHARAN | EARLY CHILDHOOD | | | | | | | | | |
| | | AFRICA | EDUCATION/DEVELOPMENT | 9,000. | WIRE TRANSFER | 0. | | | | | | |
| | | | | | | | | | | | | |
| | | SUB-SAHARAN | | | | | | | | | | |
| | | AFRICA | LEARNING SUPPORT | 8.000. | WIRE TRANSFER | 0. | | | | | | |
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| | | SUB-SAHARAN AFRICA | LEARNING SUPPORT | 8 000 | WIRE TRANSFER | 0. | | | | | | |
| | | AFRICA | DEARWING SOFFORT | 0,000. | WIRE TRANSPER | 0. | | | | | | |
| | | | | | | | | | | | | |
| | | | EARLY CHILDHOOD | | | | | | | | | |
| | | AFRICA | EDUCATION/DEVELOPMENT | 7,333. | WIRE TRANSFER | 0. | | | | | | |
| | | | | | | | | | | | | |
| | | SUB-SAHARAN | EARLY CHILDHOOD | | | | | | | | | |
| | | AFRICA | EDUCATION/DEVELOPMENT | 7,166. | WIRE TRANSFER | 0. | | | | | | |
| | | | | | | | | | | | | |
| | | SUB-SAHARAN | | | | | | | | | | |
| | | AFRICA | LEARNING SUPPORT | 6,333. | WIRE TRANSFER | 0. | | | | | | |
| | | | | | | | | | | | | |
| | | SUB-SAHARAN | EARLY CHILDHOOD | | | | | | | | | |
| | | AFRICA | EDUCATION/DEVELOPMENT | 6,333. | WIRE TRANSFER | 0. | | | | | | |
| | | | | | | | | | | | | |
| | | CHD CAUADAN | | | | | | | | | | |
| | | SUB-SAHARAN AFRICA | LEARNING SUPPORT | 6.333. | WIRE TRANSFER | 0. | | | | | | |
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| | | | | | | | | | | | | |
| | | SUB-SAHARAN AFRICA | EARLY CHILDHOOD EDUCATION/DEVELOPMENT | 5 500 | WIRE TRANSFER | 0. | | | | | | |
| | | MINICA. | EDOCKLION / DEVELOPMENT | 5,500. | MIVE IVWNOLEK | J . | | | | | | |

| Part II | | | | | | | | | | | | |
|---------------|-------------------|---|--|--|--------------------------|---------------------------------|---|--|---|--|--|--|
| 1 (a) Name | e of organization | (b) IRS code section and EIN (if applicable) | | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) | | | |
| | | | | EARLY CHILDHOOD EDUCATION/DEVELOPMENT | 5,500. | WIRE TRANSFER | 0. | | | | | |
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| | | | ites. Complete i | f the organization answered "Yes" | on Form 990, Part | IV, line 16. | |
|---------------------------------|------------|--------------------------|--------------------------|-----------------------------------|----------------------------------|---------------------------------------|--|
| Part III can be duplicated if a | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | |
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| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
|---|---|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) | Yes | X No |

Schedule F (Form 990) 2018



FIRELIGHT FOUNDATION 27-2795006 Schedule F (Form 990) 2018 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: FIRELIGHT USES MULTIPLE STRATEGIES TO MONITOR USE OF FUNDS: GRANTEES PROVIDE ANNUAL REPORT, BOTH NARRATIVE AND FINANCIAL, AS WELL AS BENEFICIARY DATA, WHICH IS ANALYZED AGAINST WHAT THEY PROPOSED. STAFF ALSO ANALYZE BUDGETS AND FINANCIAL REPORTS FOR REASONABLE EXPENDITURE. ANY CHANGES OVER 10% OF BUDGET MUST BE APPROVED WITH A RATIONALE. BUDGET CHANGES BELOW 10% MUST BE EXPLAINED IN THE FINANCIAL REPORT. FIRELIGHT HAS CONSULTANT PROGRAM OFFICERS CONDUCT ONGOING VISITS FOR SUPPORT AND MONITORING OF GRANTEE ACTIVITIES. THESE INCLUDE BOTH PLANNED AND UNPLANNED MONITORING AND SUPPORT VISITS. FIRELIGHT STAFF CONDUCT ANNUAL SITE VISITS WHERE THEY CONDUCT IN-DEPTH REVIEW OF ORGANIZATION'S GOALS, PROGRAMS, ACCOMPLISHMENTS, AS WELL AS OPERATIONAL SYSTEMS, SUCH AS FINANCIAL MANAGEMENT SYSTEMS.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2018

** Do Not File **

*** Not Open to Public Inspection ***

| Contributor's Name | Total Contributions | Excess Contributions |
|---|------------------------|-------------------------|
| CONRAD N. HILTON FOUNDATION | 2,510,000. | 2,089,351. |
| DUBAI CARES | 1,095,000. | 674,351. |
| NETWORK OF EUROPEAN FOUNDATIONS | 1,849,959. | 1,429,310. |
| NIKE FOUNDATION | 500,000. | 79,351. |
| OAK PHILANTHROPY, LTD. | 1,304,385. | 883,736. |
| WELLSPRING ADVISORS LLC | 725,000. | 304,351. |
| WELLSPRING PHILANTHROPIC FUND | 2,531,609. | 2,110,960. |
| WILLIAM AND FLORA HEWLETT FOUNDATION | 920,000. | 499,351. |
| SEAMONT FOUNDATION | 1,250,000. | 829,351. |
| BAINUM FAMILY FOUNDATION | 422,210. | 1,561. |
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| | | |
| Total Excess Contributions to Schedule A, Part II, Line 5 | | 8,901,673. |

823171 04-01-18

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

FIRELIGHT FOUNDATION

Employer identification number 27-2795006

| Pa | art I Questions Regarding Compensation | | | |
|----|---|----|-----|----------|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | l |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | X Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | l |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | l |
| | organization or a related organization: | | | |
| а | | 4a | | X |
| b | | 4b | | Х |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | l |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | 37 |
| | | 5a | | X |
| b | , , , | 5b | | <u> </u> |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | v |
| | | 6a | | X |
| b | , , , | 6b | | |
| _ | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | v |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | 37 |
| _ | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | i |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018



Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|---------------------|------|--------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Derients | (6)(1)-(0) | reported as deferred on prior Form 990 |
| (1) NINA BLACKWELL | (i) | 169,649. | 0. | 0. | 0. | 567. | 170,216. | 0. |
| EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) JANE STOKES | (i) | 106,911. | 0. | 0. | 3,207. | 41,767. | | 0. |
| DIRECTOR OF FINANCE | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | 1 | <u> </u> |

| rovide the information, explanation, or descriptions required | I for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization FIRELIGHT FOUNDATION Employer identification number 27-2795006

| Pai | t I Types of Property | | | | | | | |
|-----|---|-------------------------------|---|---|---|---------|-----|----|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | termini | _ | 3 |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | Х | 2 | 335,360. | FMV | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other () | | | | | | | |
| 26 | Other | | | | | | | |
| 27 | Other () | | | | | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | zation during | the tax year for c | ontributions | | | | |
| | for which the organization completed Form 82 | 83, Part IV, [| Donee Acknowledg | gement 29 | | | | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | y contributio | n any property rep | orted in Part I, lines 1 throug | h 28, that it | | | |
| | must hold for at least three years from the date | of the initia | l contribution, and | which isn't required to be us | sed for | | | |
| | exempt purposes for the entire holding period? | ? | | | | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance p | oolicy that re | equires the review | of any nonstandard contribut | ions? | 31 | | X |
| 32a | Does the organization hire or use third parties | | • | | | 20. | | х |
| | contributions? | | | | | 32a | | |
| | If "Yes," describe in Part II. | -l (-\ C | | . fanlaiala aak /-\ ! ! | المما | | | |
| 33 | If the organization didn't report an amount in c | | | | скеа, | | | |
| | describe in Part II. | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2018



| Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. | | | | | | | | | |
|---|-------|---------|-------|------------|-----|-------|--------|----|---------------|
| SCHEDULE | М, Р | ART I, | COLUI | MN (B): | | | | | |
| THE AMOU | NT IN | COLUMN | (B) | REPRESENTS | THE | TOTAL | NUMBER | OF | CONTRIBUTIONS |
| AWARDED | TO FI | RELIGHT | • | | | | | | |
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Schedule M (Form 990) 2018

832142 10-18-18

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

Name of the organization

FIRELIGHT FOUNDATION

Employer identification number 27-2795006

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AT RISK OF CHILD MARRIAGE, SKILLFUL PARENTING ASSISTANCE FOR FAMILIES,

CULTURAL AWARENESS RAISING, LAW ENFORCEMENT INTERVENTIONS,

STRENGTHENING LOCAL CHILD PROTECTION TEAMS, ESTABLISHING YOUTH CLUBS

FOR CHILDREN IN SCHOOL, AND TRAINING TEACHERS ON CHILD PROTECTION.

COMMUNITIES HAVE ALREADY REPORTED REDUCTIONS IN CHILD MARRIAGES AND

PREGNANCIES AND HAVE SEEN A SIGNIFICANT INCREASE IN LOCAL UNDERSTANDING

OF THE PROBLEMS OF CHILD MARRIAGE AND IN THE COMMUNITIES' DESIRE TO

STOP THIS PRACTICE.

FIRELIGHT HAS ALSO BEEN SUPPORTING ONE COMMUNITY GRANT MAKER - TOUCH (TRA) - AND 6 COMMUNITY-BASED ORGANIZATIONS TO RESPOND TO ROOTS AFRICA THE MULTIFACETED NEEDS OF VULNERABLE CHILDREN IN LESOTHO. LESOTHO, LANDLOCKED COUNTRY IN SOUTHERN AFRICA, HAS THE SECOND HIGHEST PREVALENCE OF HIV AND AIDS IN THE WORLD, WITH OVER 25% OF THE POPULATION INFECTED WITH HIV. DUE TO THE TRAGIC IMPACT OF THE CRISIS THOUSANDS OF CHILDREN HAVE BEEN ORPHANED AND LEFT VULNERABLE TO HIV AND AND POVERTY. SUB-GRANTS THAT COMMUNITY CHILD ABUSE, MALNUTRITION, GRANT MAKER TRA MADE TO SMALLER, LOCAL CBOS RANGED FROM \$6,300 TO \$8,500 AND WERE USED TO STRENGTHEN EACH COMMUNITY'S CHILD PROTECTION SYSTEMS. APPROACHES TO IMPROVING CHILD PROTECTION SYSTEMS RANGED FROM CASE MANAGEMENT AND REPORTING, TO MEETING BASIC NEEDS OF CHILDREN THROUGH NUTRITION PROGRAMS AND EDUCATION, TO COUNSELING AND SUPPORT GROUPS FOR CHILDREN, TO SUSTAINABLE INCOME-GENERATING ACTIVITIES (SUCH AS CATERING OR LIVESTOCK BUSINESS) FOR FAMILIES, TO COMMUNITY AWARENESS TO IMPROVEMENT OF PARENT/CAREGIVER INVOLVEMENT. CAMPAIGNS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)



Employer identification number Name of the organization 27-2795006 FIRELIGHT FOUNDATION

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: SERVICES. EVEN WHERE ECD CENTERS DO EXIST, THEY OFTEN OPERATE MORE AS A DAYCARE FOR PARENTS DURING WORK HOURS, RATHER THAN A ROBUST SUPPORT TO CHILDREN'S COGNITIVE, EMOTIONAL, AND SOCIAL DEVELOPMENT. FIRELIGHT CONCENTRATED ON TWO MAJOR AREAS: IMPROVING ECD CENTER QUALITY IN MALAWI; AND EMPOWERING FAMILIES OF CHILDREN FROM BIRTH TO AGE THREE IN TANZANIA AND ZAMBIA.

OUR GRANTEE-PARTNERS IN MALAWI ARE ESTABLISHING AND STRENGTHENING ECD CENTERS - INCLUDING BUILDING BASIC INFRASTRUCTURE, CREATING SUPPORTIVE LEARNING ENVIRONMENTS, AND TRAINING ECD CAREGIVERS - TO SERVE THE NEEDS OF CHILDREN FROM BIRTH TO AGE 5 AND OF THEIR FAMILIES. IN MALAWI, WE ARE ALSO PILOTING A TRAINING PROGRAM OF ECD PERSONNEL THAT INCLUDES CLASSROOM COACHING AND ONGOING MENTORING FROM LOCAL EXPERTS IN CHILD DEVELOPMENT.

IN TANZANIA AND ZAMBIA, OUR GRANTEE-PARTNERS ARE PILOTING THE CARE FOR CHILD DEVELOPMENT CURRICULUM, A PROGRAM DEVELOPED BY WHO AND UNICEF TO EMPOWER PARENTS AND CAREGIVERS TO STRENGTHEN THEIR CHILDREN'S COGNITIVE DEVELOPMENT. OUR GRANTEE-PARTNERS HAVE ALSO INTEGRATED A VARIETY OF HOLISTIC PROGRAMS THAT SERVE CHILDREN'S AND FAMILIES' MULTI- FACETED NEEDS, INCLUDING SAVINGS AND LOANS GROUPS TO PROMOTE FAMILIES' ECONOMIC EMPOWERMENT, FEEDING PROGRAMS TO PROVIDE BASIC NUTRITION TO CHILDREN AT ECD CENTERS, VOLUNTARY COUNSELING AND TESTING FOR HIV AND AIDS THROUGH COMMUNITY HEALTH ACTIVITIES, AND INCOME-GENERATING ACTIVITIES TO SUSTAIN SOME OF THE EXPENSES INVOLVED IN RUNNING THE ECD CENTERS.

Employer identification number Name of the organization 27-2795006 FIRELIGHT FOUNDATION FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: FIRELIGHT'S GRANTEE-PARTNERS WERE SUPPORTED TO USE HUMAN-CENTERED DESIGN-THINKING TECHNIQUES TO UNCOVER THE ROOT CAUSES THAT KEPT ADOLESCENT GIRLS OUT OF THE CDSS SYSTEM AND TO THEN BUILD INNOVATIVE, COMMUNITY-DRIVEN PROGRAMS THAT SUPPORT FAMILIES TO SUPPORT THEIR GIRLS' EDUCATION. EACH PARTNER HAS DEVELOPED A DIFFERENT MODEL FOR REFORMING THE CDSS SYSTEM, FROM ENTREPRENEURSHIP TRAINING IN SCHOOLS, TO A DEDICATED SOCIAL FUND TO SUPPORT YOUNG GIRLS, TO A MULTI-FACETED CULTURAL PROGRAM TO SHIFT COMMUNITY ATTITUDES TOWARDS SECONDARY SCHOOLING, TO DEDICATED LIVELIHOOD DEVELOPMENT FOR FAMILIES SUPPORTING YOUNG WOMEN THROUGH SECONDARY SCHOOL. WE HAVE ALREADY BEGUN TO SEE SIGNIFICANT RESULTS: REDUCED SCHOOL DROPOUT RATES, INCREASED GIRLS' PARTICIPATION IN CLASS, AND INCREASED PARENT CONTRIBUTIONS TO THEIR GIRLS' EDUCATION. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER EXPENSES \$ 16,900. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 2: DAVE KATZ, SECRETARY, AND KERRY OLSON, BOARD MEMBER HAVE A FAMILY RELATIONSHIP. BOTH BOARD MEMBERS RETIRED FROM THE BOARD IN JUNE 2019. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO OTHER COMMITTEES THAT CAN ACT ON BEHALF OF THE FULL BOARD OF DIRECTORS.

Name of the organization Employer identification number FIRELIGHT FOUNDATION 27-2795006

FORM 990, PART VI, SECTION B, LINE 11B:

THE FEDERAL FORM 990 IS REVIEWED IN DETAIL BY THE TREASURER, THE FINANCE

COMMITTEE AND THE EXECUTIVE DIRECTOR. IT IS THEN SHARED WITH THE ENTIRE

BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING WITH THE INTERNAL

REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD MEMBERS SIGN A CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

ALL BOARD MEMBERS AND ADVISORY COUNCIL MEMBERS ARE ASKED AT EACH MEETING TO

DECLARE ANY CONFLICTS OF INTEREST THEY MAY HAVE. IF ANY CONFLICTS OF

INTEREST ARISE, THE BOARD MEMBERS WILL DISCUSS THE NEXT STEPS AND DOCUMENT

HOW TO RECTIFY THE SITUATION.

THE CONFLICT OF INTEREST POLICY FOR EMPLOYEES IS INCORPORATED INTO THE

EMPLOYEE HANDBOOK, WHICH ALL EMPLOYEES SIGN WHEN THEY ARE FIRST EMPLOYED

AND WHEN THERE IS A SIGNIFICANT REVISION TO THE HANDBOOK. IF A CONFLICT OF

INTEREST SHOULD ARISE, THE CONFLICT AND THE RESOLUTION OF THE CONFLICT ARE

DOCUMENTED IN A MEMO REVIEWED BY THE EXECUTIVE DIRECTOR AND/OR THE DIRECTOR

OF FINANCE AND ADMINISTRATION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR'S SALARY IS SET BY THE BOARD OF DIRECTORS, BY

REVIEWING OTHER EXEMPT ORGANIZATIONS FEDERAL FORM 990 AND A COMPENSATION

SURVEY OR STUDY. OTHER EMPLOYEES' SALARIES ARE SET ACCORDING TO A SALARY

SCHEDULE WHERE JOBS ARE RANKED AND THERE IS A PREDETERMINED SALARY RANGE

FOR EACH RANKING. THESE RANGES ARE BENCHMARKED AGAINST OTHER SIMILAR

ORGANIZATIONS, SO THAT THE SALARIES ARE BOTH REASONABLE AND COMPETITIVE.

THE LAST COMPENSATION STUDY WAS CONDUCTED IN APRIL 2019.

| Schedule O (Form 990 or 990-EZ) (2018) | Page 2 |
|--|---|
| Name of the organization FIRELIGHT FOUNDATION | Employer identification number 27-2795006 |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE ARTICLES OF INCORPORATION, BYLAWS, AND CONFLICT OF I | NTEREST POLICY ARE |
| AVAILABLE ON REQUEST. THE AUDIT REPORT AND FEDERAL FORM | 990 ARE POSTED ON |
| FIRELIGHT'S WEBSITE. | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| CAPACITY BUILDING: | |
| PROGRAM SERVICE EXPENSES | 114,282. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 114,282. |
| | |
| LEARNING AND EDUCATION: | |
| PROGRAM SERVICE EXPENSES | 344,858. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 344,858. |
| CONSULTANTS: | |
| PROGRAM SERVICE EXPENSES | 376,106. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 376,106. |
| ADVOCACY: | |
| PROGRAM SERVICE EXPENSES | 224,314. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| 832212 10-10-18 Sc | chedule O (Form 990 or 990-EZ) (2018) |

| Name of the organization FIRELIGHT FOUNDATION | Employer identification number 27 – 2795006 |
|--|---|
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 224,314. |
| COMMUNICATIONS: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 16,900. |
| TOTAL EXPENSES | 16,900. |
| HUMAN RESOURCES: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 26,130. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 26,130. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 1,102,590. |
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